2004 2-D Barcode Specifications
for Form MO-1040P

CODE FIELD	FORM LINE NO.	DESCRIPTION	PICTURE CLAUSE	MAX SIZE	ACCEPTABLE VALUES (see notes below)
		*** Header Information ***			
1	Header	Version Number			(T1 is current standard version)
2	Header	Developer Code			4-Digit Developer Code
3	Header	Jurisdiction (MO)			MO
4	Header	Description (MO1040P) and Current Year			MO1040P/2004
5	Header	Specification Version (0 for current version)			0
6	Header	Software/Form Version			Can be up to 21 characters
7		Carriage return only (blank)			
8		Carriage return only (blank)			
9		Carriage return only (blank)			
10		Carriage return only (blank)			
11	Top	Vendor Code	PIC 9(2)	2	Software Vendor Code
12	NAME	Your Social Security Number	PIC 9(9)	9	
13	NAME	Spouse's Social Security Number	PIC 9(9)	9	
14	NAME	Your Last Name	PIC X(20)	20	
15	NAME	Your First Name	PIC X(14)	14	
16	NAME	Your Middle Initial	PIC X(1)	1	
17	NAME	Yourself Title (JR,SR,etc)	PIC X(3)	3	Title (JR,SR,etc) (No period after suffix)
18	NAME	Yourself Deceased in 2004	PIC X(1)	1	X YES
19	NAME	Spouse's Last Name	PIC X(20)	20	
20	NAME	Spouse's First Name	PIC X(14)	14	
21	NAME	Spouse's Middle Initial	PIC X(1)	1	
22	NAME	Spouse's Title (JR, SR, etc)	PIC X(3)	3	Spouse's Title (No period after suffix)
23	NAME	Spouse Deceased in 2004	PIC X(1)	1	X YES
24	NAME	In Care of Name	PIC X(30)	30	
25	NAME	County of Residence	PIC X(4)	4	Use 4 character county code
26	NAME	School District No.	PIC 9(3)	3	Use 3 character school district code
27	NAME	Present Address (include Apt. or Rural Route)	PIC X(35)	35	
28	NAME	City, Town or Post Office	PIC X(23)	23	
29	NAME	State	PIC X(2)	2	
30	NAME	Zip Code	PIC X(9)	9	99999 or 999999999
31	CHKBOX	Age 65 Yourself	PIC X(1)	1	X YES
32	CHKBOX	Age 65 Spouse	PIC X(1)	1	X YES
33	CHKBOX	Blind Yourself	PIC X(1)	1	X YES
34	CHKBOX	Blind Spouse	PIC X(1)	1	X YES

35	CHKBOX	100% Disabled Yourself	PIC X(1)	1	X YES
36	CHKBOX	100% Disabled Spouse	PIC X(1)	1	X YES
37	CHKBOX	Non-Obligated Spouse Yourself	PIC X(1)	1	X YES
38	CHKBOX	Non-Obligated Spouse Spouse	PIC X(1)	1	X YES
39	1Y	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Amount may be negative
40	1S	Federal Adjusted Gross Income (Spouse)	PIC S9(9)	9	Amount may be negative
41		Carriage return only (blank)			
42		Carriage return only (blank)			
43	2Y	Any state income tax refund ...(Total Subtractions — You)	PIC 9(9)	9	Can't be a negative number
44	2S	Any state income tax refund ...(Total Subtractions — Sp)	PIC 9(9)	9	Can't be a negative number
45	3Y	Missouri Adjusted Gross Income (Subtract Line 2 from Line 1)	PIC S9(9)	9	Amount may be negative
46	3S	Missouri Adjusted Gross Income (Subtract Line 2 from Line 1)	PIC S9(9)	9	Amount may be negative
47	10	Pension Exemption (From Form MO-1040P, Page 3)	PIC 9(9)	9	Can't be a negative number
48	6	A. Single — $2,100 (See Box B before checking.)	PIC X(1)	1	X YES
49	6	B. Claimed as a dependent on another person's federal tax return — $0.00	PIC X(1)	1	X YES
50	6	C. Married filing joint federal & combined Missouri — $4,200	PIC X(1)	1	X YES
51	6	D. Married filing separate — $2,100	PIC X(1)	1	X YES
52	6	E. Married filing separate (spouse NOT filing) — $4,200	PIC X(1)	1	X YES
53	6	F. Head of household — $3,500	PIC X(1)	1	X YES
54	6	G. Qualifying widow(er) with dependent child — $3,500	PIC X(1)	1	X YES
55	6	Enter the appropriate exemption amount	PIC 9(9)	9	0,2100,4200,3500
56	7a	Tax from Federal Return	PIC 9(9)	9	Can't be a negative number
57		Carriage return only (blank)			
58		Carriage return only (blank)			
59	7	Federal tax deduction	PIC 9(9)	9	Married — 10000, Single — 5000 max
60	8	Missouri Standard Deductions or Itemized Deductions.	PIC 9(9)		Can't be a negative number
61	9a	Number of dependents from Federal Form 1040 or 1040A	PIC 9(2)	2	Can't be a negative number
62	9	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9	Dependents * 1200
63		Carriage return only (blank)			
64		Carriage return only (blank)			
65	11	Long-term care insurance deduction	PIC 9(9)	9	Can't be a negative number
66	12	Total deductions — add Lines 6 through 11	PIC 9(9)	9	Can't be a negative number
67	13	Subtotal — subtract Line 12 from Line 4	PIC 9(9)	9	Can't be a negative number
68		Carriage return only (blank)			
69		Carriage return only (blank)			
70	16Y	Tax — Yourself	PIC 9(9)	9	Can't be a negative number
71	16S	Tax — Spouse	PIC 9(9)	9	Can't be a negative number
		72 through 85 are carriage return only (blank)			

86	18	Missouri Tax withheld	PIC 9(9)	9	Can't be a negative number
87	19	2004 Missouri estimated tax payments	PIC 9(9)	9	Can't be a negative number
88		Carriage return only (blank)			
89		Carriage return only (blank)			
90		Carriage return only (blank)			
91		Carriage return only (blank)			
92	20	Property Tax Credit. Attach Form MO-PTS	PIC 9(9)	9	Can't be a negative number
93	21	Total Payments and Credits	PIC 9(9)	9	Can't be a negative number
		Fields 94 through 104 carriage return only (blank)			
105	22	Overpayment	PIC 9(9)	9	Can't be a negative number
106	23	Amount of Line 22 to be applied to next year's estimated tax	PIC 9(9)	9	Can't be a negative number
107	24a	Children's Trust Fund	PIC 9(9)	9	Can't be a negative number
108	24b	Veterans Trust Fund	PIC 9(9)	9	Can't be a negative number
109	24c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	Can't be a negative number
110	24d	Missouri National Guard Trust Fund	PIC 9(9)	9	Can't be a negative number
111	24e	Workers' Memorial Trust Fund	PIC 9(9)	9	Can't be a negative number
112	24f1	Additional Trust Fund Code	PIC 9(2)	2	2-Digit Trust Fund Code*
113	24f2	Additional Trust Fund Dollar Amount	PIC 9(9)	9	Can't be a negative number
114	24g1	Additional Trust Fund Code	PIC 9(2)	2	2-Digit Trust Fund Code*
115	24g2	Additional Trust Fund Dollar Amount	PIC 9(9)	9	Can't be a negative number
116	25	Overpayment to be refunded to you	PIC 9(9)	9	Can't be a negative number
117		Carriage return only (blank)			
118		Carriage return only (blank)			
119	26	Total Amount Due	PIC 9(9)	9	Can't be a negative number
120	SIGN	I authorize the Director of Revenue to discuss my return	PIC X(1)	1	X YES
121	SIGN	Daytime Telephone	PIC 9(10)	10	
122	SIGN	FEIN, SSN, PTIN	PIC X(9)	9	
		Fields 123 through 139 are carriage return only (blank)			
140	1 (Pg 4)	Total federal itemized deductions from Federal Form 1040, Line 39	PIC 9(9)	9	Can't be a negative number
141	2 (Pg 4)	2004 (FICA) — yourself — Social security $ Medicare $	PIC 9(9)	9	Can't be a negative number
142	3 (Pg 4)	2004 (FICA) — spouse — Social security $ Medicare $	PIC 9(9)	9	Can't be a negative number
143	4 (Pg 4)	2004 Railroad retirement tax — yourself (Tier 1 and Tier II) $ Medicare $	PIC 9(9)	9	Can't be a negative number
144	5 (Pg 4)	2004 Railroad retirement tax — spouse (Tier 1 and Tier II) $ Medicare $	PIC 9(9)	9	Can't be a negative number
145	6 (Pg 4)	2004 Self-employment tax	PIC 9(9)	9	Can't be a negative number
146	8 (Pg 4)	State and local income taxes — See instructions	PIC 9(9)	9	Can't be a negative number
147	9 (Pg 4)	Earnings taxes included in Line 8	PIC 9(9)	9	Can't be a negative number
148	10 (Pg 4)	Net state income taxes — (subtract Line 9 from Line 8 or enter Line 8 from worksheet	PIC 9(9)	9	Can't be a negative number
149	2 (Pg 3)	Enter amount of taxable social security benefits form Federal Form 1040A, Line 13b	PIC 9(9)	9	Can't be a negative number

150	3 (Pg 3)	Subtract Line 2 from Line 1. This is your modified Missouri adjusted	PIC S9(9)	9	Amount may be negative
151	5 (Pg 3)	Subtract Line 4 from Line 3 and enter the amount on Line 5.	PIC S9(9)	9	Amount may be negative
152	6Y (Pg 3)	Enter the total amount of taxable pension received in 2004 (Yourself)	PIC 9(9)	9	Can't be a negative number
153	6S (Pg 3)	Enter the total amount of taxable pension received in 2004 (Spouse)	PIC 9(9)	9	Can't be a negative number
154	7Y (Pg 3)	Enter on Line 7Y the amount from Line 6Y or $6,000, whichever is less	PIC 9(9)	9	Can't be a negative number
155	7S (Pg 3)	Enter on Line 7S the amount from Line 6S or $6,000, whichever is less	PIC 9(9)	9	Can't be a negative number
156	9 (Pg 3)	Total Pension Exemption — subtract Line 5 from Line 8, enter here and	PIC 9(9)	9	Can't be a negative number
		Fields 157 through 190 are carriage return only (blank)			
		FORM MO-PTS			
191	Name	Birthdate (Yourself)	PIC 9(6)	6	MMDDYY (example: 031560)
192	Name	Birthdate (Spouse)	PIC 9(6)	6	MMDDYY (example: 031560)
		Note: Name/Address information same as 1040P name/address information.			
193	A	65 years of age or older	PIC X(1)	1	X YES
194	B	100% Disabled Veteran	PIC X(1)	1	X YES
195	C	100% Disabled	PIC X(1)	1	X YES
196	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1	X YES
197	Filing	Single	PIC X(1)	1	X YES
198	Filing	Married — Filing Combined	PIC X(1)	1	X YES
199	Filing	Married — Living Separate for Entire Year	PIC X(1)	1	X YES
200	1	Enter the amount of income from MO-1040, Line 6, or Form MO-1040P, Line 4	PIC S9(9)	9	Can be negative (see instr.)
201	2	Enter the amount of social security benefits before any deductions	PIC 9(9)	9	Can't be a negative number
202	3	Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9	Can't be a negative number
203	4	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	Can't be a negative number
204	5	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	Can't be a negative number
205	6	Enter the total amount of received by you and/or your minor children from:	PIC 9(9)	9	Can't be a negative number
206	7	Enter the amount of nonbusiness loss(es). You must include nonbusiness losses in your household income.	PIC 9(9)	9	Can't be a negative number
207	8	Total household income — add Lines 1 through 7	PIC S9(9)	9	Can be negative (see instr.)
208	9	Enter $2000 if your filing status is married filing combined. Otherwise, enter "0"	PIC 9(9)	9	Can't be a negative number
209	10	Net household income — (Subtract Line 9 from Line 8.)	PIC S9(9)	9	Can be negative (see instr.)

210	11	If you owned your home, enter the total amount of real estate tax that you	PIC 9(9)	9	Can't be a negative number
211	12a	If you rented your home, enter the amount from Form MO-CRP, Line 8	PIC 9(9)	9	Can't be a negative number
212	12b	If you rented your home...? Line 12a * 20%	PIC 9(9)	9	Can't be a negative number
213	13	Total tax and or rent—add Lines 11 and 12b and enter the total or $750, whichever is less	PIC 9(9)	9	Can't be a negative number
214	14	Property Tax Credit	PIC 9(9)	9	Can't be a negative number
		*** Certification of Rent Paid ***			
215	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
216	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
217	6	Enter your gross rent paid.	PIC 9(9)	9	Can't be a negative number
218	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1	X YES
219	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1	X YES
220	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1	X YES
221	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1	X YES
222	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1	X YES
223	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1	X YES
224	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1	X YES
225	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1	X YES (If this box is checked, enter 50% on Line 7.)
226	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1	X YES (If this box is checked, enter 33% on Line 7.)
227	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1	X YES (If this box is checked, enter 25% on Line 7.)
228	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3	100 for 100%, 67 for 67%. Never greater than 100.
229	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	Can't be a negative number
		*** Certification of Rent Paid ***			
230	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
231	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
232	6	Enter your gross rent paid.	PIC 9(9)	9	Can't be a negative number
233	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1	X YES
234	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1	X YES
235	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1	X YES
236	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1	X YES

237	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1	X YES
238	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1	X YES
239	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1	X YES
240	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1	X YES (If this box is checked, enter 50% on Line 7.)
241	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1	X YES (If this box is checked, enter 33% on Line 7.)
242	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1	X YES (If this box is checked, enter 25% on Line 7.)
243	7G4	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3	100 for 100%, 67 for 67%. Never greater than 100.
244	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	Can't be a negative number
		*** Certification of Rent Paid ***			
245	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
246	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
247	6	Enter your gross rent paid.	PIC 9(9)	9	Can't be a negative number
248	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1	X YES
249	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1	X YES
250	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1	X YES
251	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1	X YES
252	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1	X YES
253	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1	X YES
254	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1	X YES
255	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1	X YES (If this box is checked, enter 50% on Line 7.)
256	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1	X YES (If this box is checked, enter 33% on Line 7.)
257	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1	X YES (If this box is checked, enter 25% on Line 7.)
258	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3	100 for 100%, 67 for 67%. Never greater than 100.
259	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	Can't be a negative number
		*** Certification of Rent Paid ***			
260	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
261	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)

262	6	Enter your gross rent paid.	PIC 9(9)	9	Can't be a negative number
263	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1	X YES
264	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1	X YES
265	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1	X YES
266	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1	X YES
267	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1	X YES
268	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1	X YES
269	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1	X YES
270	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1	X YES (If this box is checked, enter 50% on Line 7.)
271	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1	X YES (If this box is checked, enter 33% on Line 7.)
272	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1	X YES (If this box is checked, enter 25% on Line 7.)
273	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3	100 for 100%, 67 for 67%. Never greater than 100.
274	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	Can't be a negative number
		*** Certification of Rent Paid ***			
275	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
276	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6	MMDDYY (example: 020100)
277	6	Enter your gross rent paid.	PIC 9(9)	9	Can't be a negative number
278	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1	X YES
279	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1	X YES
280	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1	X YES
281	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1	X YES
282	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1	X YES
283	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income).	PIC X(1)	1	X YES
284	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1	X YES
285	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1	X YES (If this box is checked, enter 50% on Line 7.)
286	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1	X YES (If this box is checked, enter 33% on Line 7.)
287	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1	X YES (If this box is checked, enter 25% on Line 7.)

288	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3	100 for 100%, 67 for 67%. Never greater than 100.
289	8	Net rent paid. Multiply Line 6 by the percent on Line 7. ENTER HERE AN	PIC 9(9)	9	Can't be a negative number
290		*EOD*			

NOTES:

- For blank fields, use a carriage return.
- County of Residence, Field 25, must contain the four digit county code. If out-of-state, enter NONR.
- School District No., Field 26, must contain a 3 digit code. If out-of-state, use 347.
- All alpha characters should be in capital letters (A-Z).
- Numeric fields aren't zero filled.
- Negative amounts will have a leading minus sign.
- Check boxes: an X indicates Yes, nothing is No (see Acceptable Values Column)
- *EOD* must be printed in Field 290.

*Additional Trust Fund Codes:
If additional trust funds are selected, enter this code in Field 112 (Line 24f1) and Field 114 (Line 24g1).

01   American Cancer Society
02   American Diabetes Association
03   American Heart Association
04   American Lung Association
05   Amyotrophic Lateral Sclerosis (ALS—Lou Gehrig's Disease)
06   General Revenue Fund
07   Muscular Dystrophy Association
08   March of Dimes
09   National Arthritis Foundation
10   National Multiple Sclerosis Society

The Trust Fund Code must be a two digit number. If it is a single digit number (1, 2, 3, etc.), please add the zero on the left side (01, 02, 03, etc.).

Missouri *encourages* you to default the 2-D barcode to "ON" when you release your software. It is *highly preferred* that we receive returns with a 2-D barcode. Please make every effort to print a 2-D barcode on all your returns.

ADDRESS INFORMATION:
We do not have a separate P.O. Box set up for this 2-D barcode return.

2-D barcode testing should be completed within two months after the 2-D barcode packet is released.